

Knowing of your interest in health care issues, I wanted to let you know that I spoke on the House floor recently about the slow creep of government run health care in the so-called stimulus bill. You can view my speech [here](#) . The full text of the speech follows below.

Mr. Speaker, we just voted on this so-called stimulus that wasn't even available to us until late last night. It should come as no surprise that in this monumental piece of legislation there are items in that could not have survived careful scrutiny in the light of day.

Many of my colleagues have pointed out the wildly extravagant spending and the lack of real job creation and economic recovery in this bill. I fully share those concerns, but I also want to call attention to a little-known provision tucked into 6 pages, deep inside this 1,100 page bill.

The Democrats are spending \$1.1 billion on a new federal board to conduct health care research. Sounds innocent enough, right? Unfortunately, this provision is the camel's nose under the tent in the Democrat's quest to have the federal government push doctors aside, and put Washington in charge of patient's health treatment options.

This board, the Federal Coordinating Council on Comparative Effectiveness Research, will be comprised of 15 federal bureaucrats, all appointed by the President. Not a single practicing physician or patient advocate will be allowed to sit on this board.

Mr. Speaker, this is the first step of government-run health care. Despite numerous requests from patient groups, this bill does not include a single protection to ensure that this research will not be used by Medicare, Medicaid, VA, DoD, or private health insurance to deny access to needed treatments. This goal of this board is to conduct research that will allow the federal government to deny needed health care. Physician groups are very concerned that this board and its research will significantly harm the patient-doctor relationship.

Other governments have been using this research to deny medically necessary care for years. The British government currently uses similar research to restrict treatment using a formula that divides the cost of the treatment by the number of years the patient is likely to live. Treatments for younger patients are more often approved than treatments for diseases that affect the

elderly.

For example, in 2006, the British government used comparative effectiveness research to say that elderly patients with macular degeneration had to wait until they went blind in one eye before they could get a new drug to save the other eye. It took almost 3 years of public protests before the board reversed its decision. Americans expect better and deserve more.

Physicians and patients, not faceless federal bureaucrats, should be in charge of health care decisions. Republicans will continue to fight to keep the federal government out of our American's medicine cabinets.

In the very near future, I will be introducing legislation to protect patients from the misuse of comparative effectiveness research and ensure that seniors continue to have access to medically necessary treatments. I urge every member of this House to join me in this effort.